PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/533298

FEE NATION FE CH FEE CHARGEAI ENDENT CL PLE DEPEN	SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PRE	H mir	.= \$ 150 rticle 33(1)- /\$ 100 3 50 /\$ 100 untries =	All of .\$	GE ENT. = \$ 300 ther elturations = 100 / \$ 200 ther situations = 250 / \$ 500		RATE BASIC FEE EXAM. FEE SEARCH FEE	150 100 200	OR	RATE BASIC FEE EXAM FEE SEARCH FEE	FEE
FEE NATION FE CH FEE CHARGEAI ENDENT CL PLE DEPEN	SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PRE	Satisfies PCT A. (4) = \$50 U.S. Is ISA = \$ ALL other cou. \$ 200 / \$ minutes a second of the county o	rticle 33(1)- /\$ 100 5 50 /\$ 100 untiles = 400 us 100 = 100	All of	her situations = 100 / \$ 200 her situations = 250 / \$ 500		BASIC FEE EXAM. FEE SEARCH FEE	150	OR	BASIC FEE	FEE
NATION FE CH FEE CHARGEAI ENDENT CL PLE DEPEN	SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PRE	Satisfies PCT A. (4) = \$50 U.S. Is ISA = \$ ALL other cou. \$ 200 / \$ minutes a second of the county o	rticle 33(1)- /\$ 100 5 50 /\$ 100 untiles = 400 us 100 = 100	All of	her situations = 100 / \$ 200 her situations = 250 / \$ 500	•	EXAM. FEE SEARCH FEE	100	OR	EXAM. FEE	
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ENDENT CL PLE DEPEN	AIMS DENT CLAIM PRE	(m					X \$ 125 =	/		X \$ 250 =	
PLE DEPEN	DENT CLAIM PRE	<u> </u>	inus 3 =				X \$ 25 =		OR	X \$ 50 =	
difference		ESENT		• 1			X \$ 100 =	7	OR	X \$ 200 =	·
•	in column 1 is l	MULTIPLE DEPENDENT CLAIM PRESENT						7	OR	+ \$ 360 =	•
	If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	450	OR	TOTAL	
9-05	(Column 1)	AMENDED	(Colum	ın 2)	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E	
	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
tal	• 4	Minus	·· 20)	= 0		X \$ 25 =	Ó	OR	X \$ 50 =	
dependent	• . /	Minus .	***	3	- O		X \$ 100 =	0	OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	+ \$ 180 =	0	OR	+ \$ 360 =	·
							TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	
	(Column 1)	•	(Colum	n 2)	(Column 3)						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	I	RATE	ADDI- TIONAL FEE
tal	•	Minus	**		a	Г	X \$ 25 =		OR	X \$ 50 =	
ependent	*	Minus	***		s .	ſ	X \$ 100 =		OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Γ	+ \$ 180 =		OR	+ \$ 360 =	
e "Highest Nu	mber Previously Paid mber Previously Paid	FOR IN THIS SPA	ACE is less t ACE is less t	than '20' than '3',	, enter "20". enter "3".		FEE L	· ·	OR T	TOTAL ADDIT. FEE	
11	al ependent RST PRES	(Column 1) CLAIMS REMAINING AFTER AMENDMENT al ependent * RST PRESENTATION OF MI entry in column 1 is less than the Highest Number Previously Paid Highest Number Previously Paid	(Column 1) (Column 1) CLAIMS REMAINING AFTER AMENDMENT al Pependent * Minus RST PRESENTATION OF MULTIPLE DEPE	(Column 1) (Column 1) (Column 1) (Column 1) (Column 1) (Column 1) (Column 1) (Column 1) (Column 1)	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR all * Minus *** RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM rependent * Minus *** rependent * Minus **	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Minus *** Capendent Minus *** Capendent Minus *** RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENTATION OF MULTIPLE DEPENDENT CLAIM Capendent Capend	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Minus *** PRESENT EXTRA PRESENTATION OF MULTIPLE DEPENDENT CLAIM PHIghest Number Previously Paid For IN THIS SPACE is less than 20', enter "20'. Highest Number Previously Paid For IN THIS SPACE is less than 3', enter "3'.	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) (Column 4) (Column 4) (Column 4) (Column 5) (Column 5) (Column 6) (Column 6) (Column 7) (Column 7) (Column 8) (Column	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Column 1	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Column 1	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X \$ 100 =